

STANDARD CERTIFICATE OF DEATH

FILED OCT 15 1957

Registration District No.

318

Primary Registration District No.

1003

STATE FILE NUMBER

Registrar's No.

34360
8165

S. 300
1-57

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| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE b. COUNTY | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis | | c. CITY OR TOWN University City | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Cardinal Glennon Hosp. 2-hrs. | | d. STREET ADDRESS (If outside, give location) 8606 BonHomme Road | |
| 3. NAME OF DECEASED (Type or print) First Jesus Middle L Last Zuniga | | 4. DATE OF DEATH Month Sept. 1, 1957 Day Year | |
| 5. SEX Male | 6. COLOR OR RACE W. | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH July 26, 1957 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Nil | | 10b. KIND OF BUSINESS OR INDUSTRY | |
| 11. BIRTHPLACE (City and state or country) St. Louis, Mo. | | 12. CITIZEN OF WHAT COUNTRY? U.S. | |
| 13a. FATHER'S NAME Jesus L. Zuniga | | 13b. MOTHER'S MAIDEN NAME Ana Garcia | |
| 14. NAME OF HUSBAND OR WIFE | | 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Y <input checked="" type="checkbox"/> no, or unknown) (If yes, give war or dates of service) | |
| 16. SOCIAL SECURITY NO. none | | 17. INFORMANT Mr. Jesus L. Zuniga, 8606 BonHomme Road, U.C. | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Congestive Heart Failure Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Sub-arterial stenosis - anomalous left coronary artery DUE TO (c) Congenital Heart disease - Patent ductus PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 754.1 | | INTERVAL BETWEEN ONSET AND DEATH 6-12 hrs 1 month 7d 1 mo. 7d | |
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) | |
| 20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m. | | 20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | |
| 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 20f. CITY, TOWN, OR LOCATION COUNTY STATE | |
| 21. I attended the deceased from July 26, 1957 to Sept 1, 1957 and last saw him alive on Sept 1, 1957 Death occurred at 4:30 P m on the date stated above; and to the best of my knowledge, from the causes stated. | | 22a. SIGNATURE (Degree or title) Raymond J. Leasure, M.D. | |
| 22b. ADDRESS 35 N. Central Ave - 5 | | 22c. DATE SIGNED 9-1-57 | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Removal | 23b. DATE Sept. 2, 1957 | 23c. NAME OF CEMETERY OR CREMATORY Laredo Catholic Cemetery | 23d. LOCATION (City, town, or county) (State) Laredo, Texas |
| 24. FUNERAL DIRECTOR Arthur J. Donnelly | | 25. DATE RECD. BY LOCAL REG. SEP 3 '57 | |
| 26. REGISTRAR'S SIGNATURE mgs | | | |

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
by me, or by me....., Student Embalmer No.
working under my personal supervision.

Student
Signature of Student Embalmer

Signed W. J. Safford.....

Licensed Embalmer No. 4699.....

P. O. Address 384 1/2 1st St......

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a **STUDENT**, he also shall sign in his **OWN handwriting**. S. 1000
If this body is not embalmed, fact should be so stated above.